BY ORDER OF THE
SECRETARY OF THE AIR FORCE

AIR FORCE INSTRUCTION 11-409
1 SEPTEMBER 1995

Flying Operations

HIGH ALTITUDE AIRDROP MISSION SUPPORT PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

This instruction implements AFPD 11-4, *Aviation Service*. It governs the High Altitude Airdrop Mission Support (HAAMS) Program of Aerospace Physiology. This instruction establishes procedures for the selection, training, management and duties of personnel who perform as Physiology Technicians (PTs) for HAAMS. It applies to active duty Air Force, Air Force Reserve, and Air National Guard personnel on flying status, passengers in certain types of aircraft, and other personnel who perform high altitude airdrop missions. Send recommendations for changes on AF Form 847, *Recommendation for Change Publication*, to HQ AFMOA/SGPA, 170 Luke Avenue, Suite 400, Bolling AFB DC 20332-5113.

The Privacy Act of 1974 affects this instruction. The authority of 10 U.S.C. 133 and 8013 allows the collection and maintenance of this information. Forms required by this instruction and affected by the Privacy Act have appropriate Privacy Act Statements. Privacy Act System of Records Notice F161 AF SG A, Air Force Aerospace Physiology Training Programs, applies. The use of a name of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

Paragraph

OPR: HQ AFMOA/SGPA (Col Robert E. Sherman)
Certified by: HQ AFMOA/SGP (Col Jacqueline Morgan)
Pages: 20/Distribution: F

Chapter 1

RESPONSIBILITIES ASSIGNED

1.1. Surgeon General. HQ USAF/SG provides medical, technical, fiscal and administrative supervision needed to carry out the High Altitude Airdrop Mission Support Program.

1.2. Major Command. The High Altitude Airdrop Mission Support Program is controlled by the Air Combat Command, Command Physiologist, 1 AMDS/SGT 45 Pine Street Langley AFB, VA 23665-2080. Memorandums of Understanding (MOU) between ACC, AFMC and AMC, will be initiated by and coordinated through this office. The following Aerospace Physiology Units are authorized to perform HAAMS missions: Andrews AFB, MD(AMC); Edwards AFB, CA(AFMC); Fairchild AFB, WA(AMC); Kadena AB, JA(PACAF); Langley AFB, VA(ACC); Little Rock AFB, AR(ACC); and Shaw AFB, SC(ACC). All HAAMS operations using PT support must be coordinated through ACC Command Physiologist, or assigned representative, with the exception of Kadena AB, JA who is the OPR for HAAMS operations in PACAF.

1.3. Medical Unit Commander. Provides medical, fiscal, and administrative supervision and support required at base level.

1.4. Chief, Aerospace Physiology:

- Ensures the HAAMS Program is carried out in accordance with all applicable directives.
- Selection of each PT by endorsing the letter initiated by the NCOIC, HAAMS and the volunteer.
- Selection of the Unit PT Trainer by endorsing the Letter of Appointment initiated by the NCOIC, HAAMS.

1.5. NCOIC, HAAMS:

- Receiving and reviewing mission requests.
- Determining the number of PTs needed for the mission and if trainees will be sent.
- Selecting PTs to support those missions.
- Brief PTs selected on the type of mission, location, requirements and security classification. Coordinate Aeronautical Orders (AO) for PTs at the beginning of each month, year, or indefinite period as appropriate.
- Insure individual team members have appropriate flight equipment, line badges, passports, forms, and oxygen equipment needed to perform mission.

1.6. Unit PT Trainer:

- Train and evaluate all newly assigned personnel.
- Perform formal evaluations on all HAAMS Team members every 18 months, or as necessary to insure proficiency and currency.
- Conducting quarterly training with all HAAMS Team members to ensure uniform coverage of all critical items.

1.7. Individual PTs:

- Brief crew and jumpers prior to the first mission on physiological problems that may be encountered, the importance of proper prebreathing, and any special requirements using Briefing Guide (attachment 4).
- Advise the aircraft commander and crew on use of oxygen equipment and on the depressurization schedule.
- Preflight aircraft and supplemental oxygen equipment.
- Advise and aid loadmasters in loading, positioning and securing oxygen equipment.
- Will be on interphone at all times. PT flight duty station will be as required to monitor crewmembers, jumpers, and oxygen equipment.
- Monitor personnel, aircraft and supplemental oxygen equipment, and life support equipment.
- Monitor and record prebreathing time and exposure times at and/or above 10,000 ft, 18,000 ft, and peak altitude on Trip Report (attachment 6).
- Advise aircraft commander and direct the disposition of any physiological incidents until relieved by Flight Surgeon or appropriate medical personnel. Insure AF Form 711gC, Life Sciences Report of a Class C Physiological Mishap are filed by the attending Flight Surgeon.
- Acquire AFTO Form 781, AFORMS Aircrew/Mission Flight Data Document, signed by the aircraft commander , for each sortie flown.

Chapter 2

HIGH ALTITUDE AIRDROP PROCEDURES

2.1. General. High altitude personnel and equipment drop procedures may be employed during clandestine operations or in areas where small arms threats preclude conventional low-altitude deliveries. Airdrops above 3,000 feet AGL are considered high altitude drops. Only essential personnel who have accomplished appropriate physiological training described in AFI 11-403 are permitted on mission aircraft for airdrops above 10,000 feet MSL.

2.2. Physiology Technician Requirements. PTs will support high altitude airdrop missions when requested by the mission frag order , the aircrew or the user. At least 1 PT per 16 jumpers is required for all airdrops conducted at or above 18,000 feet MSL, up to a maximum of 3 PTs. Additional PTs may be required if a waiver is granted to exceed exposure limitations of table 2.1 or to satisfy PT training.

NOTE: The ACC Command Physiologist for Aerospace Physiology, 1 AMDS/SGT 45 Pine Street Langley AFB VA 23665-2080 may authorize variations to the PT to jumper ratio.

2.3. Oxygen Requirements. A continuous supply of 100 percent oxygen will be used by all personnel during unpressurized operations above 10,000 feet MSL. (EXCEPTION: Parachutists may operate without supplemental oxygen during unpressurized flights up to 13,000 feet MSL provided time above 10,000 feet MSL does not exceed 30 minutes each sortie. Jumpmasters may operate without supplemental oxygen for an additional 60 minutes within the 10,000 to 13,000 foot envelope provided their duties during this period do not include jumping. Use a continuous supply of 100 percent oxygen in all instances for unpressurized flights above 13,000 feet MSL.) Crews will use established MAJCOM oxygen mask requirements.

2.3.1. When dropping from 18,000 feet MSL or higher, use prebreathing procedures. When the aircraft oxygen system does not provide sufficient oxygen regulators for all personnel, an approved portable oxygen console will be preflighted and installed in the aircraft. The console will provide enough oxygen regulators for all parachutists and crewmembers not accommodated by the normal aircraft oxygen system. The aircraft liquid oxygen converter or oxygen cylinders will be full for the first sortie and filled as needed for subsequent sorties.

2.3.2. For operations conducted above 25,000 feet MSL, MA-1 portable oxygen units equipped with A-21 regulators will be provided for each person aboard the aircraft except parachutists. All portable units must have a web carrying strap.

NOTE: A waiver to AFI 11-206 is required from HQ AFSSA/XOFD for unpressurized flights when conducting airdrops above 25,000 feet MSL.

WARNING: No personnel will be exposed to unpressurized flight at or above 30,000 feet MSL more than 3 times each 7 days and must have a minimum of 24 hours between exposures.

2.4. Prebreathing Requirements. All personnel will prebreathe 100 percent oxygen at or below 10,000 feet pressure altitude or cabin altitude on any mission scheduled for a drop at or above 18,000 feet MSL for times shown in Table 2.1. The likelihood of decompression sickness depends on three primary factors: altitude, rate of ascent, and time of exposure at altitude.

2.4.1. Prebreathing must be completed before the cabin altitude ascends through 10,000 feet. All crewmembers will remain on 100 percent oxygen until cabin altitude is below 10,000 feet. A break in prebreathing requires the prebreathing to be restarted or the airdrop to be restricted to below 18,000 feet. When prebreathing is required, a launch crew may assist the primary crew, as needed, to assure prebreathing requirements are met. Portable oxygen bottles may not be used for prebreathing. Prebreathing will be conducted with a personally fitted oxygen mask attached to either a helmet or approved adjustable head harness.

NOTE: Quick-don masks are emergency equipment and are not approved for prebreathing or high altitude operations (at or above 18,000 feet MSL).

Table 2.1. Prebreathing Requirements And Exposure Limits For High Altitude Operations.

Prebreathing Times				
Altitude	Aircrew	Jumpers	Maximum Exposure Time Per Sortie	Maximum Sorties Per 24-Hour Period
From FL 180 to FL249	30 Min	30 Min	2 Hours	1
From FL250 to FL 299	45 Min HALO 45 Min HAHO	30 Min HALO 45 Min HAHO	1 Hour	1
From FL300 to FL 349	60 Min	60 Min	30 Min	1
FL 350 or above	75 Min	75 Min	30 Min	1

Chapter 3

SELECTION REQUIREMENTS

3.1. Selection. The selection of PTs will be made by the Chief, Aerospace Physiology of each unit supporting HAAMS.

3.2. Criteria. Personnel selected must have, as a minimum, AFSC 4MO51/43A3 and two years experience in the Aerospace Physiology career field.

3.3. Qualifications. Selected individuals will be:

- Instructor qualified
- Experienced in oxygen equipment maintenance
- Demonstrate proficiency in the ability to recognize/treat physiological reactors
- Demonstrate good overall judgment and maturity

3.4. Volunteers. Personnel volunteer for and are assigned this additional duty, in writing, in a letter initiated by the NCOIC, HAAMS and endorsed by the Chief, Aerospace Physiology. The individual(s) will countersign this letter and it will be placed in the individual"s HAAMS folder.

Chapter 4

TRAINING REQUIREMENTS

4.1. Training. Training of selected PTs will be accomplished in accordance with the Training Checklist, (attachment 2). The PT Trainer will be designated by the NCOIC, HAAMS, in writing, and endorsed by the Chief, Aerospace Physiology. The ACC Command Physiologist, or assigned representative(s), 1 AMDS/SGT Langley AFB, VA 23665-2080 is responsible for certifying each Unit Trainer PT and evaluating them every 2 years. The Unit PT Trainer will, in turn, have the responsibility of training and certifying new PTs and reevaluating them every 18 months. The Evaluation Checklist, (attachment 3) will be used when qualifying or recertifying HAAMS personnel.

4.2. Additional Training. In addition to the require-ments of attachment 2, all PTs will maintain currency in aircrew specific training for each aircraft Model Design Series (MDS) flown. Waiver authority for mandatory training is the ACC Command Physiologist, 1 AMDS/SGT 45 Pine Street Langley AFB, VA. 23665-2080

4.3. Formal School Training. Formal School Training requirements will be divided into two areas; mandatory and recommended.

4.3.1. Mandatory:

- Combat Survival S-V80A
- Water Survival S-V86A

4.3.2. Recommended:

- Basic Emergency Medical Technician
- Arctic Survival S-V87A
- Hyperbaric Chamber Enlisted Team Training
- Basic Airborne J5AZA11100-000
- Military Freefall Parachutist course J5AZA11000-003
- Manufacturer’s oxygen equipment operators and maintenance courses

4.4. Documentation. Specialty and continuation training will be documented on AF Form 1098, **Special Task Certification and Recurring Training**, i.e., Aircrew Specific Training, Emergency Medical Technician Training, etc. and will be maintained in the individual’s HAAMS folder.

EDGAR R. ANDERSON, Jr., Lt General, USAF, MC
Surgeon General

GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS

References

AFPD 11-4, *Aviation Service*
AFI 11-206, *General Flight Rules*
AFI 11-401, *Flight Management*
AFI 11-403, *Aerospace Physiological Training Program*

Abbreviations and Acronyms

ACC−Air Combat Command
AF−Air Force
AFB−Air Force Base
AFMOA−Air Force Medical Operations Agency
AFSC−Air Force Specialty Code
AFFSA−Air Force Flight Standards Agency
AFTO−Air Force Technical Order
AMDS−Aerospace Medicine Squadron
CONUS−Continental United States
DoD−Department of Defense
DNIF−Duty Not Including Flying
FAA−Federal Aviation Administration
FL−Flight Level
FS−Flight Surgeon
HAAMS−High Altitude Airdrop Mission Support
HAHO−High Altitude High Opening
HALO−High Altitude Low Opening
HAP−High Altitude Parachutists
HQ−Headquarters
IFE−In-flight Emergency
JA/ATT−Joint Airborne/Air Transportability Tasking
MAJCOM−Major Command
MDS−Model Design Series
MOU−Memorandum of Understanding
MSL−Mean Sea Level
NCOIC−Non-Commissioned Officer in Charge
PACAF−Pacific Air Force
POC−Point of Contact
PT−Physiology Technician
SAAM−Special Assignment Air Mission
SCUBA−Self Contained Underwater Breathing Apparatus
SGPA−Aerospace Medicine Division
SGT−Aerospace Physiology
TDY−Temporary Duty
USAF−United States Air Force
USAFE−United States Air Forces in Europe
XOFD−Operations, Flight Directives

TRAINING CHECKLIST

This training checklist will be completed prior to evaluation using the Evaluation Checklist. Training will be conducted on the aircraft when applicable and is certified by the unit trainer.

A.2.1. Initial Training. The following items will be completed prior to the first HAAMS training mission:

A.2.1.1. **Initial Life Support/Ground Egress Training.** Training must include each aircraft MDS flown:

C-130:
Certifying Official: _____ Date: _____

C-141:
Certifying Official: _____ Date: _____

C-17:
Certifying Official: _____ Date: _____

Other:
Certifying Official: _____ Date: _____

A.2.1.2. **Orientation Flights**. A minimum of 2 orientation flights. Flights should include, but are not limited to, low level flight in cargo compartment with helmet and oxygen mask donned, night operations, and/or airdrop of personnel or equipment below 10,000 feet MSL. Orientation flights are designed to determine an individuals compatibility with the airdrop mission and may be done on any of the above listed aircraft.

Certifying Official: _____ Date: _____

Certifying Official: _____ Date: _____

A.2.1.3. **Familiarization Training.** Familiarization Training with HAAMS equipment (Trip Kit, prebreathing consoles and bottles and life support equipment).

Certifying Official: _____ Date: _____

A.2.1.4. **Signs, Symptoms and Treatment**. Review the signs, symptoms and treatment of physiological reactions with special emphasis on decompression sickness reactions, treatment coordination with flight medical personnel and notification procedures.

Certifying Official: _____ Date: _____

A.2.2. Secondary PT Status. Upon completion of the above items, the trainee will be placed on operational support aeronautical orders and designated a Secondary PT. Each Secondary PT will participate in a minimum of 5 oxygen equipment sorties (additional sorties recommended but not mandatory), with 2 at or above FL180, accompanied by a PT Trainer. The Secondary PT will progressively take more responsibility until competent to handle all aspects of the mission. When the PT Trainer judges the Secondary PT to be fully qualified, the PT Trainer certifies the Standard Training Checklist to be complete. On the next mission the Secondary PT acts as Team Leader and is evaluated using the Evaluation Checklist (attachment 3). Based on the performance of the Secondary PT, the PT Trainer then recommends upgrade/not upgrade to the NCOIC, HAAMS.

A.2.3. Sorties. Oxygen sorties completed as a Secondary PT:

	Date	Drop Altitude	Type Personnel/Equipment	Type Aircraft
A.2.3.1.	_____	_____	_____	_____

	Date	Drop Altitude	Type Personnel/Equipment	Type Aircraft
A.2.3.2.	_____	_____	_____	_____
A.2.3.3.	_____	_____	_____	_____
A.2.3.4.	_____	_____	_____	_____
A.2.3.5.	_____	_____	_____	_____

NOTE: The following sorties are only to be used if deemed necessary by the trainer.

A.2.3.6.	_____	_____	_____	_____
A.2.3.7.	_____	_____	_____	_____
A.2.3.8.	_____	_____	_____	_____
A.2.3.9.	_____	_____	_____	_____

A.2.4. Upgrade. The above named individual has completed all training requirements and is ready to be formally evaluated for upgrade to Primary PT status.

PT Trainer Signature: _____ Date: _____

Trainee Signature: _____ Date: _____

Comments:

EVALUATION CHECKLIST

A3.1. Information:

PT being evaluated: _____ Rank: _____

Current Status: Primary_____ Secondary_____ (check one)

A.3.2. Pre mission planning and coordination:	**YES/NO/N/A**
• Did PT fully accomplish the pre-mission checklist?	____/____/____
• Did PT coordinate with flying organization concerning additional equipment, i.e., communication cords, restraint harnesses, parachutes, oxygen equipment, etc..?	____/____/___
• Did PT coordinate show time and briefing time with aircraft commander/user group to preclude any delays or confusion about scheduled missions?	____/____/____
• Did PT coordinate with user group concerning any possible changes to mission schedule, i.e., date of first drop above 18,000 feet MSL, total number of high drops scheduled, type of drops (equipment/personnel)?	____/____/____
• Was local Flight Surgeon contacted about potential requirements?	____/____/____

- Was nearest approved hyperbaric facility contacted about potential requirements? ___/___/___
- Does HAAMS kit contain adequate supplies and equipment to cope with in-flight emergencies or equipment problems? ___/___/___
- Does PT have current regulations, instructions, and briefing guide for review? ___/___/___

A.3.3. During Mission:

- Was the location of the nearest military decompression facility discussed with the crew/user group? ___/___/___
- Procedures for transfer of reactor to decompression facility? ___/___/___
- Was the pre-flight briefing for both flight crew and user fully covered prior to any drop at or above 18,000 feet MSL? ___/___/___
- Did PT provide adequate support to crew and jumpers during flight(s)? ___/___/___
- Was oxygen discipline maintained? ___/___/___
- Did PT monitor and record times and altitudes that the crew and jumpers were exposed to? ___/___/___

A.3.4. Post Mission: **YES/NO/N/A**

- Did PT fully accomplish post-mission checklist and submit an approved trip report including a copy of TDY orders and paid travel vouchers to the NCOIC, HAAMS Operations within 10 working days? ____/____/____
- Did PT brief other HAAMS members on overall mission? ____/____/____

A.3.5. Evaluators Comments:

_____

_____

_____

_____

_____

A.3.6. Evaluator's Reccomendations: **YES/NO/N/A**

- Recommend Secondary PT upgrade to Primary PT status ____/____/____
- Recommend Primary PT maintain status ____/____/____

_____ _____

(Signature of PT being Evaluated) *(Date)*

_____ _____

(Evaluators Signature) *(Date)*

1st Ind:

Approve/Disapprove

_____ _____

(Signature of NCOIC, HAAMS Operations) *(Date)*

Next Evaluation Due: _____

MISSION CHECKLIST

A4.1. Pre-mission:

Initials

_____ Contact user group POC: _____ Phone: _____

_____ Contact flying organization POC: _____ Phone: _____

_____ Contact local flight surgeon POC: _____ Phone: _____

_____ Contact hyperbaric facility POC: _____ Phone: _____

_____ Current list of necessary phone numbers (decompression facility, HQ, Brooks AFB, etc.)

_____ Training is current and complete i.e. physiological training, etc...

(Each PT should carry current AF Form 1274)

_____ HAAMS kit (full inventory i.e., tools, medical, spare parts, etc...)

_____ Personal flight equipment

_____ Special equipment requested by user group or flying organization

_____ Travel and aeronautical orders published with appropriate items

_____ Transportation arrangements made

_____ Billeting arrangements made

_____ Reviewed applicable regulations, operating instructions, egress procedures, and locations of oxygen and communication equipment for appropriate aircraft

A4.2. Post-mission:

_____ Travel voucher filed

_____ Trip report submitted, with one copy of TDY orders and paid travel vouchers, to NCOIC, HAAMS Operations, 1 AMDS/SGT 45 Pine Street Langley AFB VA 23665-2080 NLT 10 working days after completion of the mission.

_____ AFTO Form 781 filed with Flight Records Section NLT 5 working days after completion of the mission (make appropriate number of copies before taking to Flight Records)

_____ HAAMS kit restocked and ready for the next mission

_____ AF Form 711gC filed for any physiological incident(s)

_____ Brief HAAMS team members on overall mission

Team Members: _____ _____

BRIEFING GUIDE

This briefing will be given to all personnel participating in any unpressurized airdrop operations conducted at or above 18,000 feet MSL, prior to the first sortie flown to or above this altitude. Additional briefings will be given as required for new personnel not briefed previously and during extended missions for refresher purposes. PTs should also brief personnel on any special interest items or problem areas which may impact the mission.

All personnel on unpressurized flights above 10,000 MSL will be current in physiological training. Check for currency by asking personnel, insuring that any untrained personnel are not allowed on the mission/sortie. (Individuals current in training should handcarry AF Form 1274 - **Physiological Training**).

Insure all personnel have the proper oxygen equipment available. (helmet with mask or strap-harness assembly, no Quick-Don Assemblies).

BRIEFING GUIDE BRIEFING OUTLINE

A5.1. Medical Considerations:

- Grounded/DNIF
- General health (colds, GI tract, medications, joint injury, etc...)
- Allergies to nasal sprays (Afrin)
- Compressed air diving within last 24 hours
- Immunizations within last 24 hours
- Blood donation or dental work within last 72 hours
- Any prior experiences with decompression sickness

A5.2. Hypoxia and Hyperventilation:

- Symptoms & signs
- Remember & recognize symptoms early!
- Watch for signs of hypoxia in other personnel i.e. glassy eyes, disoriented, etc...
- Hypoxia & hyperventilation symptoms very similar
- Notify the PT, jumpmaster or aircraft commander immediately if symptoms occur
- Hold arm out horizontal to signal any problem (use intercom if available)
- Handling of reactions
- PT will monitor the reactor and attempt to resolve the problem
- PT will advise the aircraft commander and jumpmaster if the effected individual should jump, depending on the type and severity of the reaction
- If the reaction cannot be resolved, it may be necessary to abort the pass or sortie

A5.3. Hypoxia and night vision - benefits of oxygen to eyes

A5.4. Pressure breathing: (If applicable)

- Altitudes (FL280 and above) or equipment
- Proper technique (possible hyperventilation)
- Communications technique

A5.5. Trapped Gases:

A5.5.1. Ear and sinus blocks:

- Don't fly or jump with cold or sinus condition *(don't self-medicate - see PT/Medic!) (self-medication can cause additional problems!)*
- Methods of clearing (valsalva, jaw movement, neck stretch, regulator pressure, etc...)
- PT may use nasal spray to clear problem at altitude
- Delayed ear blocks: Cause and treatment

A5.5.2. GI tract

- Watch diet
- Eat something - don't go on an empty stomach
- Eat foods and drink beverages that do not promote gas formation
- Relieve gas at lower altitudes (abdominal massage)

A5.6. Evolved gases: (Decompression Sickness)

A5.6.1. Causes:

- Pressure reduction by one-half (1/2) atmosphere or more (18,000 feet MSL)
- Rate of ascent
- Time at or above 18,000 feet MSL
- Amount of physical activity at altitude
- How hydrated/dehydrated individual is

A5.6.2. Report any in-flight symptoms immediately!

- Symptoms of bends, chokes, CNS, and skin sensations

A5.7. Denitrogenation procedures (pre-breathing - P/B):

- Denitrogenation must be accomplished using 100% oxygen
- Time required below 10,000 feet MSL
- If possible, start P/B at 1,500 feet AGL to prevent ground egress hazards, minimize heat load on both aircrew and jumpers, conserves oxygen versus starting at ground level prior to take-off
- Coordinate P/B completion with the 10 or 20 minute warning (attempt to minimize time at altitude and on oxygen)
- Keep cargo compartment as comfortable as possible in regards to temperature

A5.8. Oxygen discipline:

- No sleeping while on oxygen
- If having problems, do not break mask seal or remove mask unless absolutely necessary - Notify PT/Oxygen Technician of problem
- If P/B is broken - - P/B time must be restarted
- If applicable, explain procedures for changing bad mask, oxygen bottle, etc...
- On descent, remain on oxygen until below 10,000 feet MSL
- Jumpers not required to be on oxygen between 10,000 feet and 13,000 feet MSL as long as exposure does not exceed 30 minutes (above 13,000 feet MSL they must use oxygen)
- Helps prevent low grade hypoxia

A5.9. Factors limiting effective denitrogenation:

- Body positions that limit good circulation i.e. crossed legs, etc...
- Equipment straps and clothing that limit good circulation
- Cold temperatures may cause decreased blood flow to extremities
- Dehydration - decreased blood fluid base (avoid carbonated/alcoholic beverages - drink plenty of water!)
- Disconnecting from oxygen console or aircraft regulator
- Moving regulator automix lever from 100% to normal
- Breaking mask seal

A5.10. Delayed reactions:

- Report any post-flight symptoms immediately!
- Watch for symptoms up to 12 hours after flight
- Limit post-flight physical activity as much as possible for 12 hours
- Stay well hydrated
- Intoxication may cover symptoms of DCS
- Alcohol and caffeine will dehydrate the body

A5.11. Thermal stresses:

A5.11.1. Frostbite hazard:

- Need for proper clothing and protection (temperature drops 3.6 degrees F for every 1,000 feet above ground level)
- Properly warmed hands and feet

A5.11.2. Heat hazard:

- Hydrate body well prior to boarding aircraft and start of denitrogenation
- Keep cargo compartment temperature as comfortable as possible to avoid dehydration, sweating, etc...

A5.12. Communications:

A5.12.1. Aircrew:

- At least 1 PT must be on intercom
- Call will be “PT” or “PT 1”, “PT 2”, etc. if more than 1 on intercom

A5.12.2. Jumpers

- Jumpmaster may be on intercom
- Establish appropriate in-flight hand signals with jumpers to identify problems, etc...
- Use written messages if intercom not available with jumpers

A5.13. Ground egress:

- If enough warning is given, help jumpers disconnect from consoles and shut down consoles
- If there is not enough warning - follow aircraft evacuation procedures
- Follow all other ground egress training procedures as briefed during pre-flight

A5.14. Physiological incidents:

- Evaluate situation and advise the jumpmaster and/or aircraft commander on best course of action

A5.14.1. If reaction is suspected DCS:

- Immobilize effected area of individual (if applicable, place individual in horizontal position)
- Administer 100% oxygen via aviators mask (don’t use same mask individual used for operation)
- Cabin Altitude to sea level or field elevation of evacuation site as soon as possible
- If possible, advise flight surgeon at operating location via radio, command post, etc... of situation and coordinate treatment actions
- Fly to nearest hyperbaric treatment facility (if applicable)
- Monitor and record vital signs and all symptoms

NOTE: Must not overfly a facility with a flight medical officer (military or civilian) if situation is an IFE (in-flight emergency).

TRIP REPORT

A6.1. Information:

1.. JAATT/SAAM Mission Number: _____ 2. Mission Date(s): _____

3. Mission Location: _____

4. APU Providing Support: _____

	Rank, Name	# Days TDY	Flt Hours
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
	Totals:	_____	_____

5. Number Sorties Scheduled at/above FL180: _____ 6. Number Sorties Flown at/above FL180: _____

7. Number Sorties Flown above 13M' thru 17.9M': _____ 8. Number of Sorties Flown 10M' thru 13M': ____

9. Total Number Sorties Flown: _____

10. Aircraft Type: _____ 11. Squadron: _____

12. Home Base: _____

13. A/C Name: _____ 14. Phone Number: _____

15. User Group: _____ 16. Home Station: _____

17. User POC: _____ 18. Phone Number: _____

19. Problems/Suggestions/Comments: _____

_____

_____

_____

_____

20. Signature Block of PT Team Leader

SORTIE REPORT

A6.2. JAATT/SAAM Mission Number: _____

1. Date: _____ Planned Altitude: _____ Actual Altitude: _____

Take Off Time: _____ Landing Time: _____ Total: _____

P/B Start: _____ P/B Stop: _____ Total: _____

Above 10M': _____ Below 10M': _____ Total: _____

Above 18M': _____ Below 18M': _____ Total: _____

Arrive Peak Alt: _____ Depart Peak Alt: _____ Total: _____

# of Aircrew: _____ # of PTs: _____ # of Jumpers: _____ Others: _____

2. Problems/Comments:

1. Date: _____ Planned Altitude: _____ Actual Altitude: _____

Take Off Time: _____ Landing Time: _____ Total: _____

P/B Start: _____ P/B Stop: _____ Total: _____

Above 10M': _____ Below 10M': _____ Total: _____

Above 18M': _____ Below 18M': _____ Total: _____

Arrive Peak Alt: _____ Depart Peak Alt: _____ Total: _____

# of Aircrew: _____ # of PTs: _____ # of Jumpers: _____ Others: _____

2. Problems/Comments:

1. Date: _____ Planned Altitude: _____ Actual Altitude: _____

Take Off Time: _____ Landing Time: _____ Total: _____

P/B Start: _____ P/B Stop: _____ Total: _____

Above 10M': _____ Below 10M': _____ Total: _____

Above 18M': _____ Below 18M': _____ Total: _____

Arrive Peak Alt: _____ Depart Peak Alt: _____ Total: _____

# of Aircrew: _____ # of PTs: _____ # of Jumpers: _____ Others: _____

2. Problems/Comments: